OSAH FORM 1

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404) 657-2800.

OSAH USE ONLY	AGENCY CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
DOCKET NUMBER:	PH	WIC			

NAME OF REFERRING AGENCY: DIVISION OF PUBLIC HEALTH (PH)

attention unless written instructions provide an alternative place for service.

Use This Form For Referrals of <u>WIC VENDOR</u> (WICV) <u>CASES ONLY</u>

COUNTY OF FACILITY'S PLACE OF BUSINESS:		
DATE OF REQUEST FOR HEARING:		
CONTACT PERSON IN REFERRING AGENCY		
NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	POSITION:	EMAIL:
		PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL:
		PAGER:
NON-AGENCY PARTY OSAH DATA INPUT: "Vendor"		-
NAME OF NON-AGENY PARTY:	TEL NO:	FAX NO:
NAME OF NON-AGENT FACT.	TEE NO.	TAKNO.
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST:	POSITION:	EMAIL:
		PAGER:
IF NON-AGENCY PARTY IS A CORPORATION, INDICATE REGISTERED AGENT:	TEL NO:	FAX NO:
ADDRESS OF REGISTERED AGENT INCLUDING ZIP CODE:	RELATIONSHIP TO CORPORATION:	EMAIL:
	CORPORATION.	PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL:
		PAGER:
PARTY REQUESTING THE HEARING: NON-AGENCY PARTY NON-AGENCY	ETITIONER RESPONDEN attach the document initiation sues and factual matters to lead to the state of the st	IT IN THIS MATTER. Ing the hearing. It is resolved at the hearing including It is rederal in the second including
Service of a copy of the notice of hearing	tor a addiction	
Service of a copy of the notice of hearing		
Service of copy of any interim orders.		
All documents will be mailed to the referring agency at the addres	s indicated for the conta	ct person to the contact person's